

# MEDICARE ADVANTAGE PLAN DISENROLLMENT FORM



Please complete when cancelling enrollment in the Tufts Medicare Preferred Plan to enroll in another GIC Medicare Plan. Send your completed form to the GIC along with the GIC Retiree Enrollment/Change Form (Form RS) or upload this document in the MyGICLink Member Benefits Portal if using the portal to change your Medicare Plan Annual Enrollment or due to a qualifying event.

## CHANGING GIC MEDICARE PLAN

I am disenrolling from the following Medicare Advantage plan and enrolling in another GIC Medicare Plan.

\_\_\_\_\_ Tufts Medicare Preferred

Please disenroll me from my health plan.

### Insured must complete this section:

Name: \_\_\_\_\_  
(Please print)

GIC ID No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

### Spouse, if applicable, must complete this section:

I am the spouse of GIC Insured, \_\_\_\_\_,  
(Please print)

Name: \_\_\_\_\_  
(Please print)

GIC ID No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

### Medicare Dependent, if applicable, must complete this section:

I am the dependent of GIC Insured, \_\_\_\_\_,  
(Please print)

Name: \_\_\_\_\_  
(Please print)

GIC ID No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Dependent

\_\_\_\_\_  
Date

**Form and Document Submission** – Incomplete forms and insufficient required documentation may result in no coverage or a delayed effective date.

**Online:** Visit [bit.ly/MyGICLinkOnlineForms](https://bit.ly/MyGICLinkOnlineForms) to request and submit your enrollment form(s).

**Mail:** Mail completed form to the GIC:  
Group Insurance Commission  
PO Box 556, Randolph, MA 02368.